

Survey (n=12,000), a cross-sectional self-report survey which included the SF-12 Health Survey Version 2 (SF-12v2) to assess HRQoL. Differences between patients with and without asthma were identified using chi-square tests for categorical variables and t-tests for continuous variables. Multiple regression was used to assess the association of asthma with HRQoL while accounting for potential confounds, including age, gender, number of co-morbid conditions, possession of private insurance, alcohol use, exercise behavior, and cigarette smoking. **RESULTS:** Seventy-six percent (n=9108) of respondents were familiar with asthma. Physician diagnosis of asthma was reported by 4% of the sample (n=415), and the remaining 96% (n=11,585) served as the control group. Asthma patients were younger (36 vs. 41, $p<0.001$), more likely to be female (61% vs. 50%, $p<0.001$), have private insurance (60% vs. 53% $p<0.01$), drink alcohol (68% vs. 60%, $p<0.01$), and had more co-morbid conditions (0.73 vs. 0.32 $p<0.001$). Relative to controls, asthma patients had lower MCS (42.41 vs. 46.99, $p<0.001$), PCS (47.27 vs. 50.58, $p<0.001$) and SF-6D health utilities (0.66 vs. 0.73, $p<0.001$). Asthma was associated with significantly lower HRQoL after adjusting for age, gender, drinking, smoking, exercise, insurance, and comorbidities, with MCS lower by 2.59 points ($p<0.001$), PCS lower by 3.15 points ($p<0.001$), and SF-6D lower by 0.05 points ($p<0.001$). **CONCLUSIONS:** Asthma is associated with significant HRQoL burden, even after adjusting for covariates. This analysis may underestimate the burden of asthma, as undiagnosed asthma patients were likely included in the control group.

PRS35

ACCESSIBILITY OF THE COPD ASSESSMENT TEST (CAT) ON ELECTRONIC PLATFORMS FOR WIDER USE AMONG PEOPLE DIAGNOSED WITH COPD

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OBJECTIVES: The COPD Assessment Test (CAT) is a short, validated questionnaire designed to measure the impact that Chronic Obstructive Pulmonary Disease (COPD) has on the wellbeing and daily life of people living with COPD. The eight items pertain to COPD symptoms and impact on life, and are rated using a six-point scale, ranging from zero to five. From its original paper validation, the CAT has migrated through to many electronic platforms such as the web, tablet devices, and hand-held devices. Usability testing studies have been conducted to test the migration of the CAT to these platforms. The results have proved that the migration does not alter the way in which the items are interpreted and how the questions are completed by people with COPD. More recently, the CAT has been developed for use as a smart phone app to increase accessibility for people with COPD. **METHODS:** A qualitative study was conducted to test the usability of the app with ten people diagnosed with COPD. Participants completed the CAT using a smart phone, and were then asked questions that probed on the usability of the questionnaire as a smart phone app. **RESULTS:** Due to the CAT being short and concise, the smart phone app works very well for hosting such a questionnaire. Navigating around the screen and selecting responses to the questions were completed with no major concerns for half of the patients. Others commented that the app version could benefit from the functionality of manually increasing the screen size, as this was not implemented before the usability testing was conducted, and is a common feature of smart phones. **CONCLUSIONS:** Although some further work is still required before the app is finalised, this study showed that the CAT has great potential for becoming accessible in many different electronic platforms.

PRS36

BURDEN OF SMOKING ON QUALITY OF LIFE AND PRODUCTIVITY IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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OBJECTIVES: This study aimed to explore the impact of smoking on quality of life and productivity in Chronic Obstructive Pulmonary Disease (COPD). **METHODS:** Data from the National Health and Wellness Survey (NHWS) were used for this study. Respondents aged 40+ reporting diagnosis with COPD, chronic bronchitis, or emphysema in the United States in 2009 and 2010 were included, using 2010 data for individuals completing the survey in both years. The smoking group included subjects diagnosed with COPD and who reported currently smoking (n=1685). The former smoker group consisted of those diagnosed with COPD who reported not smoking in the last 11+ years (n=1932). Health-related quality of life (HRQoL) was assessed with the physical (PCS) and mental component summary (MCS) scores from the SF-12v2, and the SF-6D. The Work Productivity and Activity Impairment scale (WPAI) assessed productivity, including absenteeism, presenteeism, and overall work and non-work activity impairment. Multivariate generalized linear models predicted HRQoL variables using maximum likelihood estimation and an identity function. This approach was also used to predict productivity impairment, with a negative binomial distribution and a log-link function. Covariates included age, sex, race, insurance status, marital status, income, BMI, alcohol use, exercise, and asthma diagnosis. **RESULTS:** The multivariable results showed the following HRQoL differences between current smokers and former smokers with COPD: MCS (44.8 vs. 46.7, $p<0.001$), PCS (35.1 vs. 35.8, $p=0.079$), SF-6D (0.63 vs. 0.65, $p=0.001$). Model results for productivity data estimated the following differences: absenteeism (3% vs. 1%, $p=0.355$) presenteeism (23% vs. 18%, $p=0.010$), overall work impairment (25% vs. 21%, $p=0.043$) and activity impairment (52% vs. 49%, $p=0.004$). **CONCLUSIONS:** Compared with former smokers quitting 10+ years prior, COPD sufferers currently smoking have poorer MCS scores, equivalent PCS and health utility scores. They also show similar absenteeism, greater presenteeism and mildly impaired overall work and activity impairment.

PRS37

EVIDENCES FOR THE DESIGN AND IMPLEMENTATION OF SMOKING CESSATION INTERVENTIONS IN MEXICO: AN ANALYSIS OF THE WILLINGNESS TO PAY FOR AN EFFECTIVE METHOD TO QUIT SMOKING

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OBJECTIVES: To establish the profile of the demand for interventions to quit smoking among smokers in Mexico, estimate the maximum willingness to pay (WTP) for an effective smoking cessation treatment and to identify smokers' background, environmental, demographic, and socioeconomic factors associated with this valuation. **METHODS:** From the Global Adult Tobacco Survey in Mexico 2009, there was selected the sample of analysis constituted by 1626 current smokers. A cross-sectional study was performed. A statistical association and descriptive analysis were conducted to describe smokers and their WTP using tobacco-related background information, environmental, socioeconomic and demographic variables. **RESULTS:** 82.2 % of the current smokers who did not want to quit were men, whereas between those who wanted to quit, 74.9 % were men. In the latter group, 49.8 % of smokers had been consuming tobacco with a daily frequency, for more than 16 years, 57 % had made cessation attempts in the past, and around 10% knew about the existence of centers to help quit smoking. The WTP for an effective cessation method was on average \$2708 Mexican pesos. An increase was identified in the WTP as the educational level is increased using as reference to the smokers without formal education. The individuals of the quintiles of socioeconomic status (SES) 4 and 5 have a major WTP than the individuals of the quintile 1. **CONCLUSIONS:** The evidence showed in the present study, will inform and support policymakers in the design and implementation of smoking cessation interventions. The study documents the need that these interventions incorporate components in correspondence with the smokers' profiles identified to improve the effectiveness of the interventions to quit smoking, among Mexican smokers.

RESPIRATORY-RELATED DISORDERS – Health Care Use & Policy Studies

PRS38

A SURVEY OF ASTHMA MANAGEMENT PROGRAMS IN MANAGED CARE ORGANIZATIONS

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OBJECTIVES: Asthma prevalence, morbidity and mortality have continued to increase in the United States over the last decades. Disease management programs for asthma have become a priority for managed care organizations (MCOs) in order to optimize the process of care, manage utilization, and improve outcomes. The objective of this study was to investigate how MCOs currently approach asthma treatment and management and to identify their biggest challenges and opportunities in improving asthma outcomes, and to determine if publication of revised asthma guidelines by the National Heart, Lung and Blood Institute (NHLBI) in 2007 changed MCOs' approach to asthma management. **METHODS:** A web and paper-based survey tool was updated from a previous survey whose results were published in 2005, and administered to a national sample of 383 MCO medical directors. Descriptive statistics were calculated for all variables. **RESULTS:** All 61 (15.9%) responding medical directors collectively serve all regions of the United States, with almost half serving Medicare and/or Medicaid patients. All directors surveyed reported that their organizations monitor asthma patients. Plans use a variety of asthma management activities, including self-management education (80%), educational materials by mail (70%), general member education (65%) and behavior modification programs (60%). Most commonly cited factors impeding the provision of effective asthma care were noncompliance with asthma treatment, the inappropriate use of medications, and the need for multiple medications. Descriptive comparisons show that results are very similar to those from the 2005 survey. **CONCLUSIONS:** Survey results show that health plans rely on an array of strategies to manage asthma patients. Education appears to be an essential part of most plans' approaches to disease and cost management. Comparing our results to those reported in the 2005 study, the 2007 NHLBI guidelines appear to not have greatly impacted the approach MCO's take towards asthma management.

PRS39

PALAVIZUMAB (SYNAGIS) USE AND OUTCOMES AMONG MEDICAID BENEFICIARIES

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OBJECTIVES: Palivizumab (Synagis) is used in the prevention of seasonal respiratory syncytial virus (RSV) infections. The purpose of this study was to assess the impact of palivizumab use on pneumonia, bronchiolitis and all-cause costs among children. **METHODS:** Mississippi Medicaid data for RSV seasons October 1 - March 31 of 2009-2010 and 2010-2011 were used. For each season, pre-term children age 2 years or less at the end of the season were classified as receiving palivizumab or not. Users and non-users were matched (1:1) on age, gender, race and presence of chronic lung disease with non-users assigned the index date for the corresponding palivizumab user. Outcomes included diagnoses of pneumonia or bronchiolitis within 30 days after the index date and all-cause costs. Costs were compared using paired t-tests. Conditional logistic regression was used to assess the impact of palivizumab on prevention of pneumonia and bronchiolitis when controlling for pre-term stage. **RESULTS:** In the 2009-2010 season, 337 palivizumab users and 337 non-users were identified. palivizumab users had lower likelihood of diagnoses of pneumonia (OR: 0.480; 95% CI: 0.213-1.081; $p=0.08$) and bronchiolitis (OR: 0.596; 95%